

CLAIMS ONLY

Application Number

10/724483

"Filling" Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
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48						
49						
50						
Total indep.	1					
Total depend.	6					
Total claims	7					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depe
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Total indep.						
Total Depend.						
Total Claims						